

IMPROVING OUTCOMES FOR YOUTH AT RISK IN QUEENSLAND

BACKGROUND REPORT AND HAND HEART
POCKET'S THEORY OF CHANGE

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INTRODUCTION

Hand Heart Pocket the Charity of Freemasons Queensland is further refining its approach to grant-making. In order to achieve a greater charitable impact, for at least the next three years the organisation will focus the majority of its larger grants to fund programs and initiatives that provide a holistic and strengths-based approach to help youth at risk (primarily aged 15-24 years old) in Queensland, to overcome the many challenges they face. As part of this approach, Hand Heart Pocket will also look to build the right partnerships with charities and other philanthropists whose focus is also young people at risk.

We believe that the wellbeing of our young people will decide the future of our country. By focusing on improving outcomes for youth at risk, Hand Heart Pocket will also be taking a more proactive approach to achieving its strategy and tackling some of the key issues faced by contemporary families and communities.

AIMS

This paper aims to:

1. Define the problem that Hand Heart Pocket is trying to address for youth at risk in Queensland and why it is important.
2. Review the current evidence and evidence-based practice to find what types of initiatives are already helping to improve outcomes for young people at risk.
3. Produce a theory of change outlining how Hand Heart Pocket the Charity of Freemasons Queensland may be able to influence outcomes for young people at risk.
4. Establish outcomes measures for Hand Heart Pocket to use with grantees to determine how much progress is being made to improve outcomes for young people at risk in Queensland.

THE PROBLEM WE ARE TRYING TO ADDRESS

Through the review of current industry research, Hand Heart Pocket has been able to identify the problem it plans to address for youth at risk in Queensland and has developed the following problem statement:

Young people at risk through trauma, disadvantage, social isolation and discrimination, are more likely to have adverse outcomes over the course of their lives. These adverse outcomes might include homelessness, not completing school, unemployment, addiction, poor mental and physical health, domestic violence and interactions with the police and justice systems.

The period of transition from childhood to adulthood is a critical time in a person's life. It is also a time of significant physical, emotional and social growth and uncertainty.¹ While many young people successfully transition from childhood to adulthood and employment, there is a considerable number who do not and are at risk of disengaging from society.²

Risk factors

Some of the key factors that have been identified as contributing to a young person being at risk include their exposure to trauma such as violence, being disadvantaged, socially isolated and experiencing discrimination such as being a member of a minority group or having a disability.³ Often, these factors have been found to be interrelated.

Two in five people in Australia aged 18 years and over had experienced violence since the age of 15, including physical or sexual violence.⁴ One in ten men and one in eight women witnessed violence towards their mother by a partner before the age of 15.⁵ It has been suggested that risk factors such as socio-economic disadvantage, social isolation, large families, living in unsafe neighbourhoods, a caregiver with depression or alcohol or drug dependence, and having a disability, are possible contributors to poorer outcomes for young people who have been exposed to abuse and neglect.^{6 7} It has further been suggested that trauma and stress experienced through violence and abuse can affect the developing brain and contribute to social disadvantage and isolation, and developmental and mental health issues.⁸

Young people who have been in out of home care often experience many of the key factors that contribute to a young person being at risk. These youth usually have experienced significant trauma, and when they leave out of home care, they are found to be significantly disadvantaged.⁹ Studies have found that within five years of young people leaving out of home care, 50% would have experienced homelessness. Generally, young people who have left care

¹ E. Oliver, L. Mawn, H. Stain, C. Bamba, C. Torgerson, A. Oliver & C. Brindle, 'Should we 'hug a hoodie'? Protocol for a systematic review and meta-analysis of interventions with young people not in employment, education or training (so-called NEETs)', *Systematic Reviews*, 2014, 3(73), p. 1-7, <<https://doi.org/10.1186/2046-4053-3-73>>, accessed 23 August 2019.

² *ibid.*

³ Australian Institute of Family Studies, 'Effects of Child Abuse and Neglect of Children and Adolescents', *CFCA Resource Sheet*, January 2014, <<https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>>, accessed 23 August 2019.

⁴ Australian Bureau of Statistics, *Personal Safety, Australia, 2016 (4906.0)*, 2017, <<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0main+features12016>>, accessed 23 August 2019.

⁵ *ibid.*

⁶ Australian Institute of Family Studies, *loc. cit.*

⁷ S.R. Jaffee & A.K. Maikovich-Fong, 'Effects of chronic maltreatment and maltreatment timing on children's behavior and cognitive abilities', *Journal of Child Psychology and Psychiatry* 52(2), 2011, pp184-194. <<https://doi.org/10.1111/j.1469-7610.2010.02304.x>>, accessed 15 November 2019.

⁸ Australian Institute of Family Studies, *loc. cit.*

⁹ J. Cashmore & M. Paxman, 'Longitudinal Study of Wards Leaving Care: four to five years on', Report of research commissioned by the NSW Department of Community Services, 2007, p. 7-10, <https://www.facs.nsw.gov.au/_data/assets/pdf_file/0005/321728/research_wards_leavingcare2.pdf>, accessed 23 August 2019.

four to five years prior are mobile, live in unsatisfactory accommodation, become parents early and experience unemployment and financial difficulty.¹⁰ These young people usually have difficulty establishing and maintaining relationships, have a limited support network, and experience loneliness and mental health problems.¹¹

Adverse outcomes

Some of the adverse outcomes that youth at risk might experience include homelessness, not completing school, unemployment, addiction, poor mental and physical health, domestic violence and interactions with the police and justice systems.

Youth homelessness is an issue in Queensland, particularly for youth who have experienced family conflict or who have a mental illness. 4,454 young people aged 12 to 24 in Queensland are homeless.¹² A strong correlation has been found between young people with serious mental illness, poor family functioning and young people being at risk of homelessness.¹³ Nearly half the young people who are homeless have expressed high levels of concern about family conflict, and the risk of serious mental illness is increased by poor family functioning and homelessness.¹⁴

Not completing school or not having formal training is a major contributor to unemployment. 15% of young people in Queensland do not finish high school.¹⁵ Of those young people who do not finish school, young people leaving out of home care are found to be less likely to have finished year 12 than their peers.¹⁶ Research indicates that even though there is an opportunity for students who do not reach developmental learning milestones to catch up, if they are from a disadvantaged background, then it is usually more difficult for them to do so.¹⁷ Also, of those students who do not finish year 12 or equivalent, only 15 per cent are likely to be fully engaged in employment, education or training at age 24.¹⁸ Young people who lived in out of home care and who did not finish year 12, were less likely than their peers to have a stable job or be in full-time study.¹⁹

In December 2018, unemployment for young people aged 15-24 was 11.2%, twice that of Australia's overall unemployment rate, and the worst hotspot for youth unemployment in Australia is regional Queensland at 25.7%.²⁰ While there are new employment opportunities brought about by the modern economy, for young people with little experience, it can be difficult to secure employment, particularly if they do not have formal training or higher educational qualifications.²¹

¹⁰ *ibid.*

¹¹ J. Cashmore & M. Paxman, *loc. cit.*

¹² Australian Bureau of Statistics, *Census of Population and Housing: Estimating homelessness, 2016 (2049.0)*, 2018, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02016?OpenDocument>>, accessed 27 August 2019.

¹³ Mission Australia, *Youth Mental Health and Homelessness Report*, 2017, <<https://www.missionaustralia.com.au/news-blog/news-media/youth-mental-health-homelessness-report>>, accessed 23 August 2019.

¹⁴ *ibid.*

¹⁵ Australian Bureau of Statistics, *Education and Work, Australia, May 201 (6227.0)*, 2018, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6227.0May%202018?OpenDocument>>, accessed 27 August 2019.

¹⁶ J. Cashmore & M. Paxman, *op. cit.*, p. 2.

¹⁷ S. Lamb, J. Jackson, A. Walstab & S. Huo, *Educational opportunity in Australia 2015 Who succeeds and who misses out*, 2015, <<https://assets.documentcloud.org/documents/2484969/educational-opportunity-in-australia-who.pdf>>, accessed 14 November 2019.

¹⁸ *ibid.*

¹⁹ J. Cashmore & M. Paxman, *op. cit.*, p. 2.

²⁰ Brotherhood of St Laurence, *Australia's latest 20 youth unemployment hotspots ranked*, 2019, <<https://www.bsl.org.au/media/media-releases/australias-latest-20-youth-unemployment-hotspots-ranked/>>, accessed 27 August 2019.

²¹ *ibid.*

One in four young people in Australia is at risk of serious mental illness.²² Mental illness is found to be more prevalent in young females than young males, and young Aboriginal and Torres Strait Islander people are more likely to have a serious mental illness than their non-Indigenous peers.²³ A contributor to these findings is gender and race-based discrimination.²⁴ The intergenerational disadvantage experienced by Aboriginal and Torres Strait Islander people has also been found to have a negative impact on the mental health of their youth.²⁵ Also, young people who have been in out of home care tend to experience poor mental and physical health after leaving care.²⁶

Each year in Queensland, alcohol, tobacco and other drug use accounts for an estimated 4,300 deaths and over 65,000 hospital admissions.²⁷ In 2016, it was found that alcohol and illicit drugs were the leading causes of disease in young males aged 15 to 24 in Australia, and the second and third (respectively) causes of disease in females.²⁸ It is further suggested that young people with mental health conditions were more likely to use higher amounts of alcohol, tobacco and illicit drugs.²⁹

One in 100 young Queenslanders aged 10-17 years have a proven offence, and on an average day, there are 210 young Queenslanders in detention.³⁰ A range of factors can be attributed to youth having interactions with the police and justice systems including their level of maturity, a tendency to take risks, peer pressure, intellectual disability, mental illness and victimisation.³¹

²² Mission Australia, *Youth mental health report: Youth Survey 2012 – 2016*, 2017, <<https://www.missionaustralia.com.au/news-blog/blog/the-five-year-youth-mental-health-report-has-launched>>, accessed 23 August 2019.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ J. Cashmore & M. Paxman, *op. cit.*, p. 98.

²⁷ Queensland Government, *Drug use: support and treatment*, 2019, <<https://www.qld.gov.au/health/staying-healthy/atods/drugs/support>>, accessed 23 August 2019.

²⁸ Australian Government, Australian Institute of Health and Welfare, *Alcohol, tobacco and other drugs in Australia*, 2019, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/young-people>>, accessed 23 August 2019.

²⁹ *Ibid.*

³⁰ Department of Child Safety, Youth and Women, *Youth Justice Pocket Stats 2017-18*, 2018, <<https://www.youthjustice.qld.gov.au/resources>>, accessed 26 August 2019.

³¹ K. Richards, 'What makes juvenile offenders different from adult offenders?', *Trends & issues in crime and criminal justice no. 409*, 2011, <<https://aic.gov.au/publications/tandi/tandi409>>, accessed 13 November 2019.

WHAT WE HAVE ALREADY FOUND

Current evidence and evidence-based practice have shown that programs and initiatives that are improving outcomes for youth at risk are focussed on engaging youth to have hope for their own futures and help them to:

- find a stable home
- build a support network
- contribute to the community
- seek help when needed
- gain an education and skills for the future
- find stable paid or volunteer work.

One of the key commonalities found in programs that have helped to improve outcomes for youth at risk is the inclusion of counselling support or case management and other wrap-around services which provide recipients with a more holistic approach and constant support to help them overcome the multiple challenges they may face.^{32 33 34}

Research suggests that young people at risk who have left out of home care, experience better outcomes if they leave care at a suitable time after turning 18, and also have completed secondary school, have a support network and stable living arrangements.³⁵ For young people who have left out of home care, their outcomes were found to be dependent on the level of effective social, financial and emotional support networks that were in place.³⁶

Another critical factor in improving outcomes for youth at risk is establishing a Housing First approach. It is argued that it is difficult for people to address multifaceted challenges, including poverty, without first having a safe and secure home.³⁷ Again, successful and diverse outcomes have been achieved for people who are homeless or at risk of homelessness with the integration of caseworker support.³⁸

The strong correlation found between homelessness, mental illness and family dysfunction indicate that early identification of young people at risk of mental health or homelessness and the provision of family support services are essential to prevent homelessness occurring.³⁹ Likewise, person-centred holistic support is required to address the multitude of issues that young people at risk of mental health or homeless may face.⁴⁰

Evidence from Mission Australia's Northern Sydney Youth Homelessness service suggests that early intervention support provided through case management or therapeutic counselling in coordination with other sector organisations is an effective way to reduce or prevent homelessness and family breakdown.⁴¹ Early interventions for youth such as counselling and

³² Prof. A. Skuse, *What does Success Look Like? An Evaluation of Mission Australia's Flexible Learning Options (FLO) Program (South Australia)*, 2017, <<https://www.missionaustralia.com.au/publications/research/young-people>>, accessed 14 November 2019.

³³ Cashmore, J. and Paxman, M. (2007).

³⁴ Mission Australia, *Youth Mental Health and Homelessness Report*, 2017, <<https://www.missionaustralia.com.au/news-blog/news-media/youth-mental-health-homelessness-report>>, accessed 23 August 2019.

³⁵ J. Cashmore & M. Paxman, op. cit., p. 2-7.

³⁶ *ibid.*

³⁷ St Vincent de Paul Society National Council of Australia, *The Ache for Home: A Plan to Address Chronic Homelessness and Housing Unaffordability in Australia*, 2016, <https://www.vinnies.org.au/icms_docs/238828_The_Ache_for_Home_Paper_2016.pdf>, accessed 15 November 2019.

³⁸ *ibid.*

³⁹ Mission Australia, *Youth Mental Health and Homelessness Report*, 2017, <<https://www.missionaustralia.com.au/news-blog/news-media/youth-mental-health-homelessness-report>>, accessed 23 August 2019.

⁴⁰ *ibid.*

⁴¹ *ibid.*

mediation were also able to improve engagement with family, work, education, training and their local community.⁴²

Gaining an education and skills for the future are important components to securing employment. Flexible learning options coupled with active caseworker support has shown to help engage youth at risk in an educational experience, while at the same time providing them with the support to help overcome the multiple challenges they may face.⁴³ A survey conducted on students who participated in Mission Australia's Flexible Learning program coupled with ongoing casework support, found that participants felt the program was a driver of re-engagement and social inclusion, was personally transformative, has significantly impacted on their levels of confidence, self-organisation and self-reliance, and they valued the support of their caseworker above all other services.⁴⁴ It has been found that of the students in Australia who do not finish year 12 or equivalent, the small percentage who are fully engaged in employment, education or training at age 24 have done so by taking advantage of education and training opportunities provided to assist early school leavers.⁴⁵

Social enterprises that engage youth at risk in employment and training prospects and provide wrap-around support and services such as the Synergy Automotive Repairs program have proven to be beneficial to improve outcomes for youth at risk.⁴⁶ The Synergy Automotive Repairs program aims to positively impact young motor vehicle theft offenders by engaging them in employment and training in the motor vehicle repairs industry. Participants of this program were able to build respectful and trusting relationships with staff, believed they were more employable, reported improved mental health and an improvement in social interactions.⁴⁷ The program also resulted in a reduction in youth motor vehicle theft offences.⁴⁸

Mission Australia's Triple Care Farm is another program that has shown the importance of integrated, holistic support to help youth at risk overcome a multitude of challenges.⁴⁹ The program not only provides drug and alcohol rehabilitation but also includes counselling, medical care, case management, and training and living skills.⁵⁰ The majority of participants in this program reported cessation or reduction of drug and tobacco use, developed coping skills, improved health, basic self-care skills, stable and safe housing, stronger support relationships, improved financial management, were pursuing training or employment and had better aspirations for the future.⁵¹

⁴² *ibid.*

⁴³ Prof. A. Skuse, *loc. cit.*

⁴⁴ Prof. A. Skuse, *loc. cit.*

⁴⁵ S. Lamb, J. Jackson, A. Walstab & S. Huo, *loc. cit.*

⁴⁶ M. Thielking, J. Pfeifer, K. Nolan & C. Boyce, *Synergy Automotive Repairs Program: Process Evaluation Report*. Melbourne, Victoria: Authors, 2016, <<https://doi.org/10.4225/50/599d153ced74b>>, accessed 14 November 2019.

⁴⁷ *ibid.*

⁴⁸ *ibid.*

⁴⁹ Social Ventures Australia, *Triple Care Farm: Baseline Social Return on Investment*, 2015, <<https://www.missionaustralia.com.au/publications/research/young-people>>, accessed on 14 November 2019.

⁵⁰ *ibid.*

⁵¹ *ibid.*

HAND HEART POCKET'S THEORY OF CHANGE

THE PROBLEM WE ARE TRYING TO ADDRESS

Young people at risk through trauma, disadvantage, social isolation and discrimination, are more likely to have adverse outcomes over the course of their lives. These adverse outcomes might include homelessness, not completing school, unemployment, addiction, poor mental and physical health, domestic violence and interactions with the police and justice systems.

IF WE:

- Focus our resources and most of our grant funding for at least the next three years to help improve outcomes for youth at risk.
- Build the right partnerships with other charities and philanthropists whose focus is also young people at risk.
- Build the capacity of other charities to help enhance their impact management.
- Support our charity partners to measure their impact and better understand the outcomes being created.
- Share what we learn.

THROUGH:

The support of evidence-based programs and initiatives that help young people at risk to have hope for their own futures and to:



Find a stable home



Build a support network



Contribute to the community



Seek help when needed



Gain an education and skills for the future



Find stable paid or volunteer work

THEN THIS WILL RESULT IN:

For youth at risk:

- Increased confidence.
- Increased hope for the future.
- Increased social interactions.
- Increased community interactions.
- Re-engagement with education.
- Actively seeking work.

For other charities:

- Greater clarity in how impact is created, managed and measured.
- Improved impact measurement to help improve practice.

AND EVENTUALLY WILL LEAD TO:

- Educational attainment (completion of Year 10, 11 or 12, TAFE, apprenticeship or university).
- Stable employment over time (full-time or part-time).
- Regular volunteering and community contribution.
- A stable support network in place.
- Stable housing.
- Reduced reliance on government services.
- Improved health and wellbeing.

IMPROVED OUTCOMES FOR YOUTH AT RISK IN QLD OVER TIME

OUTCOMES MEASURES

Hand Heart Pocket will look to measure both outputs and outcomes from the programs that it supports to help determine how much progress is being made to improve outcomes for young people at risk in Queensland. Where a grant recipient does not already have an outcomes measurement framework in place, Hand Heart Pocket will allocate a portion of the grant funding to help the organisation build capacity in this area. If approved by the grant recipient, Hand Heart Pocket will share the program's outcomes to help build knowledge and capacity in the sector as a whole. Hand Heart Pocket will also use this information and regularly review and refine its strategy, theory of change, grant-making criteria and outcomes measures to ensure it continues to improve outcomes.

Grant recipients will be asked to provide the following background and output information as part of the grant acquittal process:

Background information on program recipients	A profile summary of program participants including age, geographical area and educational attainment.
Outputs	The number of youths that participated in the program.
	Any other output information that is relevant to the specific program being funded.

In addition to the grant recipient's own outcomes measures which should illustrate how the program contributes to their theory of change and how it creates impact, grant recipients will be asked to report on the following outcomes, as appropriate, as part of the acquittal process:

- The change in the following for participants since starting the program or after completing the program:
 - confidence
 - hope for the future
 - social interactions
 - community interactions
 - educational attainment (if relevant)
 - employment or volunteering seeking behaviour or attainment (if relevant)
 - housing security
 - reliance on government services
 - health and well-being.

Hand Heart Pocket will also measure the following Australian Bureau of Statistics or other data available in the geographical areas where programs are being funded:

- educational attainment
- youth employment rates
- youth reliance on government services
- youth health information.

At the completion of the grant period, recipient organisations will be asked to rate their clarity and knowledge on how impact is created, measured and managed and compare this to their clarity and knowledge before their partnership with Hand Heart Pocket.

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